

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

1294 Centre Street

Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063

TDD/TTY 617-796-1089



**Public Health**  
Prevent. Promote. Protect.

February, 2011

### **CAMP LICENSING INFORMATION AND APPLICATION**

Dear Newton Camp Operator

Welcome to the 2011 camp season. We look forward to working with you. As you prepare for camp, we urge you to check the Massachusetts Department of Public Health's website on camp licensure (<http://www.mass.gov/dph/dcs>, click on the Recreational Camps for Children Link). This site has a wealth of information to assist you in meeting the regulations. We strongly recommend that you copy the inspection report found on this web page. It is the form that we use in our inspections and can be a tool for you to make certain that you have all the needed forms, plans, staffing, etc. in place.

The Newton Health and Human Services Department has limited staff time for camp inspections; consequently, we will require full compliance with the regulations in order for you to open your camp. You must have the following documents and approvals in place prior to camp opening:

- ✓ Certificate of Inspection specifically for your camp, even if it is in a facility that is inspected for other purposes. (Inspectional Services Department at 617-796-1060)
- ✓ Fire Department Inspection Certificate for your camp (Fire Prevention at 617-796-2230)
- ✓ Food Service Permit (if applicable) from the Newton Health and Human Services Department
- ✓ Pool Permit (if applicable) from the Newton Health and Human Services Department

To save your time and ours, please have all the necessary documents, plans, medical records, etc. in place for when our nurses come to inspect and license your camp. You will receive a call from the public health nurse to schedule an on-site camp inspection prior to your opening date or during the first few days of camp. For new camp operators, you are required to meet with the nurse to ensure you have all the necessary documentation in place before the camp starts. If you have any questions, please contact Joyce Cheng RN or Monique Bleriot RN at 617-796-1420.

Sincerely,

Dori Zaleznik, MD  
Commissioner,  
Health and Human Services

Joyce Cheng, RN  
Public Health Nurse

Monique Bleriot RN  
Public Health Nurse

E-mail: [jcheng@newtonma.gov](mailto:jcheng@newtonma.gov) E-mail: [mbleriot@newtonma.gov](mailto:mbleriot@newtonma.gov)

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### APPLICATION FOR LICENSE TO OPERATE A SUMMER RECREATION CAMP

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City & State Zip Code

Owner: \_\_\_\_\_

Off Season Address: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City & State Zip Code

Director: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Camp: Day \_\_\_\_\_ Hours \_\_\_\_\_ Overnight \_\_\_\_\_ Other: \_\_\_\_\_

Maximum Number of Campers: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Date Camp Opens: \_\_\_\_\_ Date Camp Closes: \_\_\_\_\_

Date Camp Opens: \_\_\_\_\_ Date Camp Closes: \_\_\_\_\_ (if 2<sup>nd</sup> session)

Source of Water/Sewage Supply: \_\_\_\_\_ Method of Garbage Disposal: \_\_\_\_\_

Pursuant to M.G.L. Chapter 62C, Sec. 47A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all states taxes required under law.

\_\_\_\_\_  
Social Security # or Federal I.D. #

\_\_\_\_\_  
Signature of Individual or Corporate Name

PLEASE SUBMIT APPLICATION AND FEE OF FIFTY DOLLARS (\$50.00) PAYABLE TO THE CITY OF NEWTON TO THE ABOVE ADDRESS BY JUNE 1.